

Appl. No. 09/998,822

Amdt. Dated: April 15, 2003 Reply to Office action of March 25, 2003

Docket No.: MSU 4.1-542

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.: 09/998,822

Applicants: Alberto L. Mendoza

Filed : November 1, 2001

Title : VACCINE FOR PREVENTING PYTHIOSIS IN HUMANS

AND ANIMALS

TC/A.U. 1645

Examiner Nita M. Minnifield

Docket No.: MSU 4.1-542

Honorable Commissioner of Patents

Washington, D. C. 20231

## RESPONSE TO RESTRICTION REQUIREMENT UNDER 35 USC 121

Sir:

In response to the Restriction Requirement mailed March 25, 2003, Applicant elects Claims 4 to 12 in Group II. The requirement is traversed.

Claims 1 to 3 in Group I and Claims 4 to 12 in Group II should be combined. No reason is provided for separating these claims. Claims 1 to 3 are generic to Claims 4 to 12 and thus are not distinct inventions.

Appl. No. 09/998,822 Amdt. Dated: April 15, 2003 Reply to Office action of March 25, 2003 Docket No.: MSU 4.1-542

An Office Action on the merits is requested.

Respectfully,

Ian C. McLeod

Registration No. 20,931

McLeod, Moyne & Reilly, P.C. 2190 Commons Parkway Okemos, Michigan 48864

(517) 347-4100

Fax: (517) 347-4103

IN THE UNITED STATES PATENT AND TRADEMARK FFICE

In re application of: Albert L. Mendoza

Application No.: 09 /998,822 Group No.: 1645

Filed: November 1, 2001 Examiner: Nita M. Minnifield

For: VACCINE FOR PREVENTING PYTHIOSIS IN HUMANS AND ANIMALS

Assistant Commissioner for Patents Washington, D.C. 20231

# AMENDMENT TRANSMITTAL 1. Transmitted herewith is an amendment for this application. **STATUS** 2. Applicant is a small entity. A statement: ☐ is attached. was already filed. other than a small entity. CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10\* (When using Express Mail, the Express Mail label number is mandatory: Express Mail certification is optional.) I hereby certify that, on the date shown below, this correspondence is being: MAILING deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231 37 C.F.R. § 1.10 \* 37 C.F.R. § 1.8(a) with sufficient postage as first class mail. as "Express Mail Post Office to Addressee" \_ (mandatory) Mailing Label No. . **TRANSMISSION** ☐ facsimile transmitted to the Patent and Trademark Office, (703) Signature Date: 4/15/03 Tammi L. Taylor (type or print name of person certifying)

(Amendment Transmittal [9-19]-page 1 of 4)

RECEIVED

<sup>\*</sup> Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

#### EXTENSION OF TERM

NOTE: "Extension of Time in Patent Cases (Supplement Amendments) — If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.

If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G. 34-35).

NOTE: See 37 C.F.R. § 1.645 for extensions of time in interference proceedings, and 37 C.F.R. § 1.550(c) for extensions of time in reexamination proceedings.

NOTE: 37 C.F.R. § 1.704(b) "... an applicant shall be deemed to have failed to engage in reasonable efforts to conclude processing or examination of an application for the cumulative total of any periods of time in excess of three months that are taken to reply to any notice or action by the Office making any rejection, objection, argument, or other request, measuring such three-month period from the date the notice or action was mailed or given to the applicant, in which case the period of adjustment set forth in § 1.703 shall be reduced by the number of days, if any, beginning on the day after the date that is three months after the date of mailing or transmission of the Office communication notifying the applicant of the rejection, objection, argument, or other request and ending on the date the reply was filed. The period, or shortened statutory period, for reply that is set in the Office action or notice has no effect on the three-month period set forth in this paragraph."

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

(complete (a) or (b), as applicable)

(a) Applicant petitions for an extension of time under 37 C.F.R. § 1.136 (fees: 37 C.F.R. § 1.17(a)(1)-(4) for the total number of months checked below:

Extension (months)	Fee for other than small entity	Fee for small entity		
one month	\$ 110.00	\$ 55.00		
☐ two months	\$ 400.00	\$ 200.00		
☐ three months	\$ 920.00	\$ 460.00		
☐ four months	\$ 1,440.00	\$ 720.00		

Fee: \$\_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

An extension for	$oldsymbol{\_}$ months has	already	y been	secure	dT .t	e fee
paid therefor of \$ is de	educted from	the tot	al fee	due for	the	total
months of extension now requeste	ed.					

Extension fee due with this request \$\_\_\_\_\_

OR

(b) 🔯 Applicant believes that no extension of term is required. However, this is a conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

(Amendment Transmittal [9-19]-page 2 of 4)

# FEE F R CLAIMS

CLAIMS REMAINING AFTER AMENDMENT  PREVIOUSLY PRESENT RATE FEE  OR RATE FEE  OR RATE FEE  TOTAL  MINUS  SET PRESENTATION OF MULTIPLE DEP. CLAIM  STATE FEE  FEE  TOTAL  MINUS  STATE FEE  NOTAL ADDIT. FEE  FEE  TOTAL ADDIT. FEE  FEE  TOTAL ADDIT. FEE  FEE  TOTAL ADDIT. FEE  FEE  TOTAL ADDIT. FEE  FEE  FEE  FEE  FEE  TOTAL ADDIT. FEE  FEE  FEE  TOTAL ADDIT. FEE  FEE  TOTAL ADDIT. FEE  FEE  FEE  TOTAL ADDIT. FEE  FEE  FEE  TOTAL ADDIT. FEE  FEE  TOTAL ADDIT. FEE  FEE  FEE  FEE  TOTAL ADDIT. FEE  FEE  FEE  FEE  CR  TOTAL ADDIT. FEE  FEE  FEE  FEE  TOTAL ADDIT. FEE  FEE  FEE  FEE  CR  TOTAL ADDIT. FEE  FEE  FEE  FEE  TOTAL ADDIT. FEE  FEE  FEE  TOTAL ADDIT. FEE  FEE  FEE  CR  TOTAL ADDIT. FEE  FEE  S  TOTAL ADDIT. FEE  FEE  CR  T		(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY		
INDEP. * MINUS *** = x\$42 = \$ x\$84 = \$  FIRST PRESENTATION OF MULTIPLE DEP. CLAIM		REMAINING AFTER		PREVIOUSLY		RATE		OR	RATE	ADDIT. FEE	
FEE PAYMENY    FIRST PRESENTATION OF MULTIPLE DEP. CLAIM	TOTA	L • .	MINUS	••	=	x\$9=	\$		x\$18=	\$	
TOTAL ADDIT. FEE \$ ADDIT. FEE \$  If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.  If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20."  If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The 'Highest No. Previously Paid For' (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.  WARNING: "After final rejection or action (§ 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 C.F.R. § 1.116(a) (emphasis added).  (Complete (c) or (d), as applicable)  (C) No additional fee for claims is required.  OR  (d) Total additional fee for claims required \$  FEE PAYMENT  Attached is a check money order in the amount of \$  Authorization is hereby made to charge the amount of \$  to Deposit Account No.  to Credit card as shown on the attached credit card information authorization form PTO-2038.  WARNING: Credit card information should not be included on this form as it may become public.  Charge any additional fees required by this paper or credit any overpayment in the manner authonized above.	INDEF	•	MINUS	***	=	x\$42=	\$		x\$84=	\$	
ADDIT. FEE \$ ADDIT. FEE \$  If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.  If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20."  If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.  WARNING: "After final rejection or action (\$ 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 C.F.R. \$ 1.116(a) (emphasis added).  (complete (c) or (d), as applicable)  (c) No additional fee for claims is required.  OR  (d) Total additional fee for claims required \$	☐ FIR	ST PRESENTATION	OF MULT	TIPLE DEP. CLAIN	1	+\$140=	\$		+\$280=	: \$	
" If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.  " If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "20."  " If the "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.  **WARNING: "After final rejection or action (§ 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 C.F.R. § 1.116(a) (emphasis added).  **(Complete (c) or (d), as applicable)*  (c) No additional fee for claims is required.  **OR*  OR*    Attached is a						OIT. FEE	\$	OR	ADDIT.		
(c) No additional fee for claims required.  OR  (d) Total additional fee for claims required \$	***	If the "Highest No. If the "Highest No. I box in Col. 1 of a	Previously Previously Previously prior amer	/ Paid for" IN THI / Paid For" IN TH Paid For" (Total o dment or the nur	S SPACE is IS SPACE is r indep.) is the mber of claim	less than less than ne highest is originall	3, enter " number f y filed.	3." ound		•	
OR  (d) Total additional fee for claims required \$		with any n	equirement	of form which ha	s been made	e." 37 C.F	R. § 1.11	6(a) (6	emphasis	complying added).	
OR  (d) Total additional fee for claims required \$  FEE PAYMENT  Attached is a check money order in the amount of \$  Authorization is hereby made to charge the amount of \$  to Deposit Account No.  to Credit card as shown on the attached credit card information authorization form PTO-2038.  WARNING: Credit card information should not be included on this form as it may become public.  Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.			(C	omplete (c) or	(d), as ap	plicable)	)				
### FEE PAYMENT  Attached is a ☐ check ☐ money order in the amount of \$	(c)	No addition	onal fee t	for claims is re	equired.						
FEE PAYMENT  Attached is a □ check □ money order in the amount of \$  Authorization is hereby made to charge the amount of \$  to Deposit Account No  to Credit card as shown on the attached credit card information authorization form PTO-2038.  WARNING: Credit card information should not be included on this form as it may become public.  Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.				•	OR						
<ul> <li>□ Attached is a □ check □ money order in the amount of \$</li></ul>	(d)	☐ Total addi	tional fee	e for claims re	quired \$_						
<ul> <li>□ Authorization is hereby made to charge the amount of \$</li></ul>				FEE PA	AYMENT						
<ul> <li>□ to Deposit Account No.</li> <li>□ to Credit card as shown on the attached credit card information authorization form PTO-2038.</li> <li>WARNING: Credit card information should not be included on this form as it may become public.</li> <li>□ Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.</li> </ul>		Attached is a	☐ chec	k 🗌 money (	order in t	he amo	unt of \$		<del></del>		
<ul> <li>□ to Credit card as shown on the attached credit card information authorization form PTO-2038.</li> <li>WARNING: Credit card information should not be included on this form as it may become public.</li> <li>□ Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.</li> </ul>		Authorization is	s hereby	made to char	ge the am	ount of	\$			_	
form PTO-2038.  WARNING: Credit card information should not be included on this form as it may become public.  Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.		☐ to Deposit	Accoun	t No	<u> </u>	-					
Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.		to Credit of form PTO-	card as s 2038.	shown on the	attached c	redit ca	rd inforn	natio	n autho	rization	
manner authorized above.	WAR	NING: Credit card	informatio	n should <b>not</b> be i	included on t	his form a	ıs it may b	ecom	e public.		
A duplicate of this paper is attached.		Charge any admanner authority	ditional f	ees required b ve.	y this pap	er or cre	dit any	overp	oaymen	t in the	
		A duplicate of	this pape	er is attached.							

(Amendment Transmittal [9-19]—page 3 of 4)

#### FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consulmed in making up the original deficiency. If the maximum, six-month period has expired before the déficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. 🗓 If any additional extension and/or fee is required, charge Account No. 13-0610

### AND/OR

If any additional fee for claims is required, charge Account No. <u>13-0610</u>

Reg. No.: 20,931

Tel. No.: (517 ) 347-4100

Customer No.: 21036

SIGNATURE OF PRACTITIONER

Ian C. McLeod

(type or print name of practitioner)

2190 Commons Parkway P.O. Address

Okemos, Michigan

(Amendment Transmittal [9-19]—page 4 of 4)